



PTO/SB/21 (09-04)

Jfw 12435-0037

Approved for use through 07/31/2006. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	Attorney Docket Number	P42C3D1-US
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### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Kirton & McConkie		
Signature			
Printed name	N. Kenneth Burraston		
Date	June 3, 2005	Reg. No.	39,923

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	N. Kenneth Burraston	Date	June 3, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**CERTIFICATE OF MAILING**

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N. Kenneth Burraston

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/673,691 Confirmation No. 1297  
Applicant : Dozier, II et al.  
Filed : September 29, 2003  
TC/A.U. : 3729  
Examiner : Rick K. Chang  
  
Docket No. : P42C3D1-US

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

To Whom It May Concern:

**1. Total Fee Paid: \$300.00****2. Method of Payment:**

- Check  Credit Card  Money Order  Other  None  
 Deposit Account

Account Number 50-0843  
Account Name Kirton & McConkie

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
to the above-identified deposit account.

**3. Fee For Extra Claims:**

Extra Claims					Fee/Claim		Fee Paid
Total Claims	34	28		x	50	=	300.00
Indp. Claims	2	3	0	x	100	=	0
Multiple Dependent Claims					0	x	zero

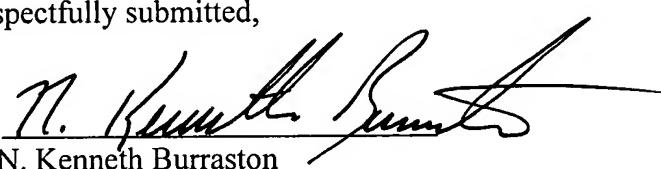
\* 20 or highest number of total claims previously paid for.

\*\* 3 or highest number of independent claims previously paid for.

4. Additional Fees:

Fee Description	Fee Paid
Surcharge – late filing fee or oath (\$130)	
Extension of one month (\$120)	
Extension of two months (\$450)	
Extension of three months (\$1020)	
Extension of four months (\$1590)	
Extension of five months (\$2160)	
Notice of Appeal (\$500)	
Filing appeal brief (\$500)	
Request for oral hearing (\$1000)	
Submission of IDS (\$180)	
Record patent assignment (\$40)	
RCE (\$790)	
Fee for Terminal Disclaimer (\$130)	
Other:	

Respectfully submitted,

Date: June 3, 2005  
By   
N. Kenneth Burraston  
Reg. No. 39,923

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**AMENDMENT**

To Whom It May Concern:

In response to the final Office Action of March 3, 2005, the shortened statutory period for response to which ends after June 3, 2005, please amend the above-identified application as follows:

**Amendments to the Claims** are shown in the listing of claims that begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

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